



**STATE RETIRED GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2018  
AETNA AND HORIZON PLANS - MEDICAL COST SHARING**

HR-0898-0817

Explore Your Benefits

	Aetna Freedom10*	Aetna Freedom15*	Aetna Freedom1525**	Aetna Freedom2030**	Aetna HMO*	Aetna HMO1525*	Aetna HMO2030**	Aetna Value HD4000**
	NJ DIRECT10*	NJ DIRECT15*	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO <sup>1</sup>	Horizon HMO1525 <sup>1</sup>	Horizon HMO2030 <sup>1</sup>	NJ DIRECT HD4000**
<b>Medical Cost Sharing</b>								
Primary Care Copayment	\$10	\$15	\$15	\$20	\$10	\$15	\$20	
Specialist Care Copayment	\$10	\$15	\$25	\$30 / adult \$20 / child***	\$10	\$25	\$30 / adult \$20 / child***	
Emergency Room Copayment	\$75	\$100	\$100	\$125	\$85	\$100	\$125	
In-Network Deductible (Individual/Family)								\$4,000 / \$8,000
In-Network Coinsurance <sup>2</sup>	10%	10%	10%	10%				20% after deductible
In-Network Coinsurance Maximum (Individual/Family)		\$400 / \$1,000	\$400 / \$1,000	\$800 / \$2,000				\$1,000 / \$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400 / \$1,000	\$5,999 / \$11,998	\$5,999 / \$11,998	\$5,999 / \$11,998	\$5,999 / \$11,998	\$5,999 / \$11,998	\$5,999 / \$11,998	\$5,000 / \$10,000
Out-of-Network Deductible (Individual/Family)	\$100 / \$250	\$100 / \$250	\$100 / \$250	\$200 / \$500				See In-Network Deductible <sup>3</sup>
Out-of-Network Coinsurance <sup>4</sup>	20%	30%	30%	30%				40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000 / \$5,000	\$2,000 / \$5,000	\$2,000 / \$5,000	\$5,000 / \$12,500				\$6,000 / \$12,000
Out-of-Network Inpatient Hospital Deductible	\$200 / stay	\$200 / stay	\$200 / stay	\$500 / stay				

\* Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in Medicare Advantage if this plan is selected.

\*\* Medicare-eligible retirees and/or retirees with Medicare-eligible spouses cannot enroll in Aetna Freedom1525, Aetna Freedom2030, Aetna HMO2030, or any High Deductible Health Plan.

\*\*\* Age 26 and under

<sup>1</sup> Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

<sup>2</sup> On select services.

<sup>3</sup> Out-of-Network Deductible is combined with In-Network Deductible.

<sup>4</sup> After Deductible.

**NOTE:** Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: [www.aetnastatenj.com](http://www.aetnastatenj.com) and Horizon's website: [www.horizonblue.com/shbp](http://www.horizonblue.com/shbp)



**STATE RETIRED GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2018  
AETNA AND HORIZON PLANS - PRESCRIPTION DRUG COPAYMENTS**

Explore Your Benefits

	Aetna Freedom10	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna HMO	Aetna HMO1525	Aetna HMO2030	Aetna Value HD4000
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO <sup>1</sup>	Horizon HMO1525 <sup>1</sup>	Horizon HMO2030 <sup>1</sup>	NJ DIRECT HD4000
<b>Prescription Drug Copayments</b>								
Retail: Generic Copayments	\$10	\$10	\$7	\$3	\$6	\$7	\$3	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$22	\$22	\$16	\$18	\$12	\$16	\$18	
Retail: Non-Preferred Brand Copayments	\$44	\$44	\$35	\$46	\$24	\$35	\$46	
Retail: Brand w/ Generic Equivalent	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$5	\$5	\$5	
Mail: Preferred Brand Copayments	\$28	\$28	\$40	\$36	\$18	\$40	\$36	
Mail: Non-Preferred Brand Copayments	\$55	\$55	\$88	\$92	\$30	\$88	\$92	
Mail: Brand w/ Generic Equivalent	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	member pays difference <sup>3</sup>	
Prescription Drug annual Out-of-Pocket Maximum <sup>2</sup>	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351	

<sup>1</sup> Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.  
<sup>2</sup> Maximum out-of-pocket on prescription drugs per person per calendar year.  
<sup>3</sup> Non-Medicare eligible retirees pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.

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